

March 31, 2011 [updated July 14, 2011]

Update: Deadline for submission is now September 15.

Dear Colleagues:

We are issuing this Call for Papers for a special issue of *Progress in Community Health Partnerships: Research, Education, & Action*, which will focus on the "**Science of Community Engagement**." Our goal is to highlight concepts that form the foundation for assessing the impact of community engagement across all forms of research conducted with the intention of improving the health of those same communities. We are particularly interested in augmenting concepts and definitions with rigorous empirical studies that elucidate, operationalize and/or assess community engaged research, and the contribution (potential and actual) of community engaged research to comparative effectiveness research.

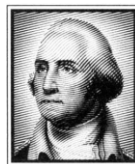
Manuscripts can be submitted for peer review in any of the following categories:

- ❖ Original Research
- ❖ Works-in-Progress and Lessons Learned
- ❖ Community Perspectives
- ❖ Policy and Practice
- ❖ Theory and Methods
- ❖ Education and Training
- ❖ Practical Tools
- ❖ Systematic Reviews
- ❖ Brief Reports

This special issue seeks to advance the "**Science of Community Engagement**" by inviting articles from a wide variety of large-scale community-academic joint ventures and community community-based research groups. **Examples of such ventures include but are not limited to Clinical and Translational Science Award (CTSA) recipients, Prevention Research Center (PRC) recipients, Practice-Based Research Networks (PBRNs), Clinical Trials Networks, community-based research groups, and other collaborations.** We seek a wide range of community-engaged research, including CBPR and research that engages a wide range of communities (e.g., clinicians, priority populations). Studies of community engagement that focus on the identification of outcomes and measurement strategies,¹ and studies that examine aspects of the social context including an understanding of the role of human social dynamics within the research process are particularly welcome. The following topics are of high priority for this special issue:

- 1) Developing approaches to measuring aspects of the impact of different types of community engaged research on improving health outcomes, as well as spreading and sustaining effective practices;
- 2) The unique contributions of community engaged research to better understand the effect of context and heterogeneity in comparative effectiveness research;

¹ For relevant background, see Christoffel KK, Eder M, Kleinman LC, and Hacker K. "Developing a Logic Model to Guide Community Engagement Metrics." <https://www.dtmi.duke.edu/about-us/organization/duke-center-for-community-research/community-engagement-consultative-service-cecs/ce-literary-resources/LogicModel.pdf>.



- 3) Articulating the role of community engagement for conducting comparative effectiveness research and for informing policy;
- 4) Identifying common contextual variables and parameters that facilitate comparison and contribute to dissemination and implementation research;
- 5) Recognizing, documenting and addressing community benefits, needs, risks, and other ethical issues associated with collaborative community-based research activities; and
- 6) Examples of well-designed research for translating interventions across different communities, including a means for evaluating the translational process between community interventions, and documenting the impact of community engagement on several dimensions, including the research process (eg., recruitment), health care service delivery (eg., uptake of clinical innovations) and population health outcomes (measures of morbidity and mortality).

In accordance with the mission of *Progress in Community Health Partnerships*, papers that reflect community voices and collaborations with community members will be prioritized. We encourage community authored and co-authored manuscripts, as well as those reflecting collaborations across multiple community-academic ventures and research from community-engaged practice based research networks (PBRNs).

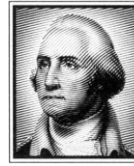
The issue is being sponsored by the Geiger Gibson Program/RCHN Community Health Foundation Research Collaborative at The George Washington University.

Background

Social scientists studying the human condition have long recognized the challenge of explaining subjectivity in ways that clinical and translational researchers conditioned by the controls available in the laboratory are now starting to seriously engage. As anthropology in the 1990s studied aspects of contemporary culture, other scientific disciplines examining social problems have also sought to incorporate within their research an understanding of the dynamic between the observer and the observed. Over the past two decades, it has become increasingly clear that objectivity has its limits and that research into health should not mistake objectivity for generalizability.

In the United States, the Centers for Disease Control and Prevention (CDC) promoted the involvement of communities in research with its publication of the *Principles of Community Engagement* (1997).² The National Institutes of Health (NIH) Roadmap's commitment to translational research, characterized as moving "from bench to bedside" is also pushing researchers and academic institutions to create and expand partnerships with communities and to develop new skills, knowledge and methodological approaches. Founded in 1996, Community Campus Partnerships for Health has fostered conversations among academics and communities about the importance of community-based participatory research (CBPR). In recent years, CBPR has emerged as a central paradigm, emphasizing the value of involving communities and researchers fully and equally in every facet of research. Indeed, the emergence of this journal is itself further indication of interest in understanding the role of partnerships for advancing health research, and for the subsequent application of knowledge and formulation of policy. While there is a clear commitment to studying health through academic and community research partnerships, more work is needed to elucidate the viability and practicality of fully engaging communities in identifying important

² CDC/ATSDR Committee on Community Engagement. "Principles of Community Engagement." 1997. <http://www.cdc.gov/phppo/pce/>.



research questions, developing clinical research proposals, implementing protocols, interpreting data, and disseminating findings.

Studies of community engagement and health promotion activities must not only examine and interpret human beings in relation to lived contexts and environments, but also as persons who also directly constitute a context. In seeking to enhance our ability to understand community health and community health improvement efforts, we must cultivate an awareness of how social bonds (or their absence) inform and influence behaviors, interactions and health. In addition, we need a better understanding of community characteristics (e.g., the built environment, the availability of health care and social services, economic and business interests, arts and cultural activities) as contributors to health outcomes, so that we might better understand how such factors may shape the generalizability of new knowledge and its dissemination and implementation. These contextual factors are particularly important for improving population health. The Institute of Medicine (IOM) emphasizes the importance of including diverse populations, patient subgroups, and clinical settings in comparative effectiveness research, particularly those populations that are often underrepresented in research and for whom little evidence on best clinical practices exists.³

How to Submit

The deadline for submitting papers is Thursday, September 15, 2011.

Special issues often receive a high level of publicity.
Don't miss the chance to be a part of this one!!

Instructions for specific types of articles and submitting manuscripts can be found at: http://www.press.jhu.edu/journals/progress_in_community_health_partnerships/guidelines.pdf. For additional information regarding the mission of the journal, see Tandon et al. (2007), which is available at: http://muse.jhu.edu/login?uri=/journals/progress_in_community_health_partnerships_research_education_and_action/v001/1.1tandon.pdf. Finally, we recommend reviewing "Guidelines for Writing Manuscripts About Community-Based Participatory Research for Peer-Reviewed Journals" by Bordeaux et al. (2007), available at: http://www.press.jhu.edu/journals/progress_in_community_health_partnerships/1.3bordeaux.pdf.

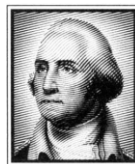
Please be sure to note this special issue on the cover letter for any submitted manuscript.

Submissions will be reviewed quickly. Authors will be notified within 45 to 60 days. All manuscripts, even those not accepted, will be returned with reviewers' comments.

Additional Information

Questions regarding the special issue should be directed to the Guest Editors listed below. Guest Editors are happy to review abstracts and/or manuscripts prior to submission should authors desire feedback.

³ Lauer MS, Collins FS. Using science to improve the nation's health system: NIH's commitment to comparative effectiveness research. JAMA. 2010 Jun 2;303(21):2182-3. Institute of Medicine. *Initial national priorities for comparative effectiveness research*. Washington, DC: National Academy Press; 2009.



Very truly yours,

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